OGB - 22 INSTRUCTIONS

Read Carefully and Comply Fully

This report must be filed in duplicate with the State Oil and Gas Board within fifteen (15) days following the test.

The capacity test shall be taken as follows:

- A. The well shall be produced into a pipeline for a period of not less than 72 hours at its allowable with a rate tolerance of ten percent or, if a new well, at a rate approximately equal to the anticipated allowable.
- B. The well shall then be shut in for not more than 72 hours and the wellhead shut-in pressure shall be measured with a dead weight gauge or a precision gauge approved by the Supervisor. If there are accumulated liquids in the wellbore, the operator may determine the formation pressure of the well with a subsurface pressure gauge, in which case the wellhead shut-in pressure shall be calculated from the formation pressure data on the basis that a gas column exists in the flow string. Such calculation shall be made using a method approved by the Board.
- C. Immediately after the shut-in pressure is taken, the well shall be produced to the pipeline for a period of not less than 72 hours. The first 48 hours of the capacity test shall be the stabilization period. The last 24 hours shall be the capacity period and shall be measured with a dead weight gauge or a precision gauge approved by the Supervisor. The average production rate during the capacity period shall be the capacity for the well. Such rate shall not exceed plus or minus 10 percent of the average production rate during the stabilization period. The capacity test shall be considered invalid unless the difference between the shut-in pressure and the flowing pressure is equal to or greater than 50 psi.

The deliverability shall be determined by the following formula:

$$D = C \begin{bmatrix} \frac{2}{Ps^2 - (114.65)^2} \\ \frac{Ps^2 - Pt}{Ps^2 - Pt} \end{bmatrix} .85$$

D = deliverability in Mcf/day at 114.65 psia

C = capacity, the average production rate during the last 24 hours of the capacity test

P_S = 72-hour wellhead shut-in pressure

P_f = stabilized flowing wellhead pressure taken during the last 24 hours of the capacity test

State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.

Form OGB - 22

STATE OIL AND GAS BOARD OF ALABAMA

420 Hackberry Lane P.O. Box 869999

Tuscaloosa, Alabama 35486-6999 (205) 349-2852 Fax (205)349-2861 www.ogb.state.al.us

01-	Permit number					
_	API number					

5/00



Well	Capac	ity	Test
	Retest		ļ

1945	Nev	v Well	Rete	est] /	Annual								
			(file in d	uplicate))									
	perator													
Address City				State				Zip County						
Well name and numb	give footage from nea	rest section or	tract lines)						S				Range	or Tract
Well	(give locitage non risa											———	90	
Location	Latitude				Longitude									
Field (If wildcat, so state)							Rese	ervoir						
	Allowable (if assigned)						Date	of la	st test					
			TES	ST DATA	4									
A. Average rate at	which well produced	or 72 hours p	oreceding o	capacity	y test									Mcf/d
Time started	am/pm [Date			Time finis	hed			am/p	m Date				
B. 72-hour wellhea	d shut-in pressure (Ps)			I	psia									
Time started	am/pm [Date			Time finis	hed			am/pi	m Date				
C. Average produc	ction rate during 48-h	our stabilizati	ion period											_ Mcf/d
Stabilized flowing	ng wellhead pressure			I	osia									
Average produc	ction rate during 24-ho	ur capacity p	eriod (C)											_ Mcf/d
Stabilized flowing	ng wellhead pressure	(P _f)			psia									
	am/pm [Time finis	shed			am/p	m Date)			
	Туре													psig
) (see reverse side) _													
		Test co	onducted b	V										
				<i>,</i>		(Name)				(T	itle)		
		Witnes	sed by											
					ı	(Name)				(T	itle)		
Person to contact						number								
regarding this form					Fax nui	mber address								
					Liviani	addicss								
Remarks:														
Executed this the	_ day of	. 20												
	_ day or								Sign	ature				
Before me, the under whose name is subscribed has knowledge of the facts	,	who being by n	ne duly swor		h states th	at he/she i	s duly au	uthoriz	ed to m					e person at he/she
Subscribed and sworn to b	efore me this	day of		, 20 _		_								
SEAL						Notary I	Public in	and fo	or					
My commission expires						County,								

(Page 2)

Permit number

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